



## ANNUAL REPORT

### LIMITED PURPOSE LANDFILL

FACILITY NAME:	CALENDAR YEAR OF REPORT:	PERMIT NUMBER:
FACILITY LOCATION (STREET ADDRESS:	COUNTY:	
FACILITY CONTACT (name):	FACILITY PHONE:	
FACILITY CONTACT MAILING ADDRESS (if different):	FACILITY CONTACT PHONE (if different):	
OPERATOR: (Company/Business):	OPERATOR CONTACT (Name):	
<p>Did you operate in _____?</p> <p><input type="checkbox"/> Yes    <b>If yes</b>, proceed to next section and complete the form.</p> <p><input type="checkbox"/> No    <b>If no</b>, answer the following questions, sign, date and return. This completes your reporting obligations.</p> <p>When did you stop operations? _____</p> <p>Do you plan to restart?      <input type="checkbox"/> No    <input type="checkbox"/> Yes    When? _____</p> <p>PLEASE SIGN AND DATE THIS FORM AND RETURN:</p> <p>Prepared by: _____ Date: _____</p>		
<p>AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR: Please report by (check one): Cubic Yards <input type="checkbox"/>    Tons <input type="checkbox"/></p> <p>Please specify compaction rates:</p>		
<b>PLEASE CHECK IF DISPOSED</b>	<b>AMOUNT DISPOSED</b>	
<input type="checkbox"/> Construction/Demolition Waste		
<input type="checkbox"/> Landclearing Debris		
<input type="checkbox"/> Industrial Waste		
<input type="checkbox"/> Inert Waste		
<input type="checkbox"/> Wood Waste		
<input type="checkbox"/> Ash (other than special incinerator ash)		
<input type="checkbox"/> Dredged Materials		
<input type="checkbox"/> Sewage Sludge		
<input type="checkbox"/> Asbestos		
<input type="checkbox"/> Petroleum Contaminated Soils		
<input type="checkbox"/> Other Contaminated Soils		
<input type="checkbox"/> Tires		
<input type="checkbox"/> Medical Waste		
<input type="checkbox"/> Yard Waste (disposed)		
<input type="checkbox"/> Food Waste (disposed)		
<input type="checkbox"/> Other (specify):		
<b>Total</b>		

(form continued on back)

DID YOU RECEIVE MATERIALS FOR RECYCLING? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ADDITIONAL INFORMATION REQUIRED (please check if attached): <input type="checkbox"/> Attach results of ground water monitoring in accordance with WAC 173-350-500 <input type="checkbox"/> Attach applicable financial assurance review and audit findings in accordance with WAC 173-350-600			
Are you open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tip fees (Attach schedule if available):	
Remaining permitted capacity: _____ <input type="checkbox"/> tons or <input type="checkbox"/> cubic yards  Based on your permit and current rate of waste disposal, years of remaining life for facility: _____  Estimated Date of Closure: _____  Are you planning an expansion this year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
During the reporting year, were there any changes in your management practices that would impact your operations? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ Are there any new solid waste activities planned at your site for this calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ _____ Planned start date: _____			
DID YOU RECEIVE WASTE FROM:	WHERE FROM	TYPE OF WASTE	EST. AMOUNT <input type="checkbox"/> Tons or <input type="checkbox"/> Cubic Yards
Out of County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of Country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PREPARED BY:		DATE:	PHONE:

To receive this document in alternate format, contact Ecology's Solid Waste & Financial Assistance Program  
At 360-407-6900 (Voice), 711, or 1-800-833-6388 (TTY).